New Jersey Office of the Attorney General
Division of Consumer Affairs
Legalized Games of Chance Control Commission
124 Halsey Street, 6th Floor, P.O. Box 46000
Newark, New Jersey 07101
(973) 273-8000

Application for a Bingo License

Application No. *BA* _____
Identification No. _____

Submit four (4) copies of this application to the Municipal Clerk's office in the municipality where the games will be conducted.

Please print clearly.

Name of municipality: _____

Part A - General

1. Name of applying organization: _____

2a. Street address of headquarters: _____

b. Mailing address (if different):

3. List date(s) and hours for games:

Date	Hours	Date	Hours

4. Address of place where bingo will be played:

a. Does the applicant own the premises or regularly occupy them for its general purposes? ☐ Yes ☐ No

b. If "No," from whom will the applicant rent the premises?

Name _____ Address _____

c. If premises are to be rented, attach Form 10, "Statement of Landlord."

Part B - Schedule of Expenses

The items of expense intended to be incurred or paid in connection with the games listed in this application, the names and addresses of the persons to whom each item is to be paid, and the purpose for which each item is to be paid, are:

Item of Expense	Name and address of supplier	Purpose

Part C - Schedule of Purposes

1. The specific purpose(s) to which the entire net proceeds of the games listed in this application are to be devoted, and the manner in which they are to be so devoted, are:

2. If any part of the net proceeds are to be devoted to a purpose allowed by the Bingo Licensing Law by turning the same over to another organization which is exclusively devoted to such purposes, secure the signature of its president or other executive officer to the following certificate:

   "It is hereby certified that ______________________________
   Name of organization

   will accept from the licensee any part of the net proceeds of the games listed in this application to be turned over to it."

   Date: ____________________ Signature: ____________________

Part D - Schedule of Prizes

A description of all prizes to be offered and given in all of the games listed in this application is as follows. (For cash prizes, state the amount; for merchandise, describe the article and state the retail value; if prizes are to be donated, indicate that fact and estimate as accurately as possible the information requested below.)

Description of Prize Amount (for cash prizes) or Article (Additionally, please attach a schedule of the games to be conducted.)	**Retail value**

Part E - Officers of Applicant

Office	Name of officer	Residence address	Age

Part F - Members of Applicant who will be in charge of the games

Name of member in charge	Residence address	Telephone No. (include area code)	Age

Part G - Members of Applicant who will assist in conducting the games

Name of member	Residence address	Age

Part H - Names of other organizations whose members will assist in conducting the games

Name and address of organization	How related	Identification No.

If more space is needed in any section of this application, insert extra sheets of paper.

continue

Part 1 - Statement of Applicant and member(s) in charge

State of New Jersey

County of _____ } ss.

We do hereby each make the following statement, under oath, with respect to the foregoing application:

1. The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Bingo Licensing Law.
2. Prior to the issuance of any license to it to conduct games of chance, the applicant was actively engaged in serving one or more "authorized purposes."
3. The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.
4. The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.
5. For each occasion for which a license is sought, one or more of the members listed who are familiar with the Bingo Licensing Law and the Rules and Regulations, will be in full charge of, and primarily responsible for, the conduct of the games.
6. No commission, salary, compensation, reward or recompense will be paid to any person for holding, operating or conducting or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed Compensated Workers pursuant to N.J.A.C. 13:47-6A. All prizes offered for games conducted on a single occasion will not exceed the limit on the sum or retail value of prizes as provided by the Bingo Licensing Law (N.J.S.A. 5:8-25 et seq.) and N.J.A.C. 13:47-6.16 and 13:47-7.2.
7. All statements in the foregoing application are true.

Sworn and subscribed to before me this

_____day of _____ , 20 ____.

_____
Notary Public (Print name)

_____
Signature of Notary Public

_____
Signature of Officer and Title

_____
Signature of Member-in-Charge

_____
Signature of Member-in-Charge

_____
Signature of Member-in-Charge

_____
Signature of Member-in-Charge

If more space is needed in any section of this application, insert extra sheets of paper.

Applicant's registration slip from the *Legalized Games of Chance Control Commission* must be presented to the Municipal Clerk with this application.

Township of Brick
Office of the Township Clerk
401 Chambers Bridge Road
Brick, New Jersey 08723

MEMBER IN CHARGE - RAFFLE/BINGO SWORN STATEMENT

_____
Organization

_____
Identification Number

_____
Date

I, _____, do hereby swear that I meet all of the requirements contained in **N.J.S.A 5:8-27/5:8-53 LEGALIZED GAMES OF CHANCE CONTROL COMMISSION STATUTES** and that I am a bona fide active member of the applicant, of good moral character and have never been convicted of crime.

_____
Signature

_____
Street Address

_____
City, State, Zip Code

_____
Phone Number

Sworn to and subscribed before me this
_____day of_____,20_____.

_____
Notary Public of New Jersey